Assassination Records Review Board
Final Determination Notification

AGENCY : HSCA
RECORD NUMBER : 180-10070-10143
RECORD SERIES : STAFF PAYROLL RECORDS
AGENCY FILE NUMBER :

December 8, 1995

Status of Document: Postponed in Part

Number of releases of previously postponed information: 7
Reason for Board Action: The Review Board's decision was premised on several factors including: (a) the significant historical interest in the document in question; (b) the absence of evidence that the release of the information would cause harm to the United States or to any individual.

Number of Postponements: 4

Postponements: All the postponements in this document represent Social Security numbers.

Reason for Board Action: The text is redacted because the public disclosure of the redaction could reasonably be expected to constitute an unwarranted invasion of personal privacy, and that invasion of privacy would be so substantial that it outweighs the public interest.

Substitute Language: SSN

Date of Next Review: 2017

Board Review Completed: 10/24/95

JFK ASSASSINATION SYSTEM

IDENTIFICATION FORM

AGENCY INFORMATION

AGENCY : HSCA
RECORD NUMBER : 180-10070-10143

RECORDS SERIES :
STAFF PAYROLL RECORDS

AGENCY FILE NUMBER :

DOCUMENT INFORMATION

ORIGINATOR : HSCA
FROM :
TO :

TITLE :

DATE : 03/01/78
PAGES : 7

SUBJECTS :
HSCA; ADMINISTRATION
RESNICK, GINA

DOCUMENT TYPE : PRINTED FORM
CLASSIFICATION : U
RESTRICTIONS : 3
CURRENT STATUS : P
DATE OF LAST REVIEW : 07/16/93

OPENING CRITERIA :

COMMENTS :
Box 3.

[R] - ITEM IS RESTRICTED

RESNICK, Gina
Name of Employee

Address

Address

Phone Number

Position Title

Position Number — Level — Step

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
PERSONAL LEAVE RECORD

1978
YEAR

DATE OF APPOINTMENT
6-13-77

PRIOR FEDERAL SERVICE	
.... Years	.... Months

ANNUAL LEAVE CATEGORY
1.0 ☐
1.5 ☐
2.0 ☐

BALANCE BROUGHT FORWARD FROM PRECEDING YEAR	
Annual Leave	Sick Leave
6	3

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Accrued This Month Annual Leave	Accrued This Month Sick Leave	Available This Month Annual Leave	Available This Month Sick Leave	Used This Month Annual Leave	Used This Month Sick Leave	Balance at Close of Month Annual Leave	Balance at Close of Month Sick Leave	Employee Initials
Jan.									S	S		S																				1	1	7	4		3	7	1	
Feb.								S													X											1	1	8	2	1	1	7	1	
Mar.																																1	1					8	2	
Apr.			X	X	X																											1	1	9	3	3	0	6	3	
May								X	X	X	X	X																				1	1	7	4	5		2	4	
June																												X	X	X		1	1	3	5	3		0	5	
July																																								
Aug.																																								
Sept.																																								
Oct.																																								
Nov.																																								
Dec.																																								

Terminated June 30, 1978

☐ (single slash) = 0.5 day annual leave
☒ = 1.0 day annual leave
S (slashed) = 0.5 day sick leave
S or S/S = 1.0 day sick leave
A (slashed) = 0.5 day administrative leave
A or A/A = 1.0 day administrative leave
U (slashed) = 0.5 day unauthorized absence
U or U/U = 1.0 day unauthorized absence
(slashed box) = 0.5 day leave without pay
(filled box) = 1.0 day leave without pay

CERTIFIED CORRECT:

Employee's Signature (If employee refuses to sign, state reason below.) — Date — Chief's Signature — Date

Approved: Clerk of the House — Date

This record will be forwarded to the Clerk of the House at the end of each calendar year, or in case of termination, along with the request for termination. Upon approval, the record will be filed in the employee's official personnel folder.

EXHIBIT I

7

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Gina I. Resnick	June 30, 1978
Employee Social Security Number	**Type of Action**
147-40-4845	☐ Appointment ☐ Salary Adjustment ☐ Title Change ☒ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business ______________) Specify Date
Employing Office or Committee/Subcommittee	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number______________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date June 21, 1978

______________________________ (Signature of Authorizing Official)

______________________________ (If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

LOUIS STOKES, CHAIRMAN (Type or print name of Authorizing Official)

______________________________ (Type or print name and title of above official)

______________________________ (Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED: ______________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $__________.00 as of ______________________

ID ______________________

Benefits ______________________

Payroll ______________________

(Revised: August 1, 1977)

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Gina I. Resnick	March 1, 1978
Employee Social Security Number	**Type of Action**
147-40-4845	☐ Appointment ☒ Salary Adjustment ☐ Title Change ☐ Termination (At close of business on effective date) ☐ Leave without pay (Beginning with effective date above and ending close of business__________) Specify Date
Employing Office or Committee/Subcommittee	
Assassinations	

(If type of action is an Appointment, Salary Adjustment, or Title Change, complete appropriate information below.)

Position Title	Gross Annual Salary*
Document Clerk	$$4,000

* If employee is a civil service annuitant (includes U.S. House of Representatives), the gross annual salary shown should include the annuity received by the employee plus the salary received from the employing office.

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special (Investigative staff of Standing Committee) or Select Committee: Authority—H. Res. 956 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________ If applicable, Level______ Step______

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date March 14, 19 78

(Signature of Authorizing Official)

LOUIS STOKES
(Type or print name of Authorizing Official)

Chairman
(Title – If Member, District and State)

____
(If appropriate, signature of Subcommittee Chairman or Ranking Minority Member)

____
(Type or print name and title of above official)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code______ ID______

Benefits______

Monthly Annuity $_____.00 as of ______ Payroll______

(Revised: August 1, 1977)

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Gena I. Resnick	8/1/77
Employee Social Security Number	**Type of Action**
147-40-4845	☐ Appointment ☒ Salary Adjustment ☐ Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
Document Clerk	12,000

(If Committee Employee, complete appropriate item below.)

1. ☐ Standing Committee: Staff—☐ Clerical or ☐ Professional.
2. ☒ Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. ☐ Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________ If applicable, Level________ Step________

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date August 2, 1977

____
(Signature of Authorizing Official)

LOUIS STOKES
(Type or print name of Authorizing Official)

CHAIRMAN
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:________________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code__________

Monthly Annuity $__________.00

Copy for Initiating Office or Committee

PAYROLL AUTHORIZATION FORM

(Please Use Typewriter or Ballpoint Pen)

U.S. HOUSE OF REPRESENTATIVES
Washington, D.C. 20515

(Any erasures, corrections, or changes on this form must be initialed by the authorizing official.)

To the Clerk of the House of Representatives:

I hereby authorize the following payroll action:

Employee Name (First-Middle-Last)	Effective Date
Gina I. Resnick	6/13/77
Employee Social Security Number	**Type of Action**
147 40 4845	[X] Appointment [ ] Salary Adjustment [ ] Termination (At close of business on effective date)
Employing Office or Committee	
Assassinations	

(If type of action is an Appointment or Salary Adjustment, complete the following information.)

Position Title	Gross Annual Salary
Document Clerk	$10,000

(If Committee Employee, complete appropriate item below.)

1. [ ] Standing Committee: Staff—[ ] Clerical or [ ] Professional.
2. [X] Special or Select Committee: Authority—H. Res. 465 of 95th Congress.
3. [ ] Joint Committee.

(If Employee of an Officer of the House, complete item below.)

Position Number________ If applicable, Level______ Step_____

I certify that this authorization is not in violation of 5 U.S.C. 3110(b), prohibiting the employment of relatives.

Date June 13, 19 77

[signature]
(Signature of Authorizing Official)

Louis Stokes
(Type or print name of Authorizing Official)

Chairman
(Title—If Member, District and State)

All appointments and salary adjustments for employees under the House Classification Act and for Committee employees, except those of the Committee on Appropriations, the Committee on the Budget, and the Joint Committees, must be approved by the Committee on House Administration.

APPROVED:________________
Chairman, Committee on House Administration

Office of Finance use only:

Office Code________

Monthly Annuity $________.00

FO 6/15

Copy for Initiating Office or Committee

147.40.4845

M E M O R A N D U M

JUNE 6, 1977

TO: Louis Stokes
CHAIRMAN

FROM: Tom Lambeth
Acting Staff Director

OK

RE: Gina Resnick, document clerk

Please be advised that Ms. Gina I. Resnick, applicant for a document clerk position, has been interviewed by Mr. Gerald P. Hamilton, Deputy Chief Researcher,MLK, Mr. Donovan L. Gay, Chief Researcher, and by Mr. Stephen J. Fallis, Deputy Chief Counsel. All three have recommended that Ms. Resnick be hired in this capacity at $10,000. per annum.

Ms. Resnick received her MLS from the University of Michigan, December 1976, and served as Reference Assistant with the University's document collection for their Public Health Library. She also was employed with the Congressional Research Service, Library of Congress, and while working with documents, she had the opportunity to research and write published Congressional hearings and reports concerning the Intelligence Community.

If it meets your approval, we would like to have Ms. Resnick report to our Committee on Monday, June 13, 1977.

Thank you.

M E M O R A N D U M

TO: ALL STAFF

RE: Payroll Certification

The Regulations and Accounting Procedures for Allowances and Expenses of Committees, Members and Employees of the U.S. House of Representatives require that, among other things, the Committee's monthly payroll certification include the relationship, if any, of each employee to any current Member of Congress. This certification is signed monthly by our Chairman.

The following are the relationships to be included in the certification:

father	nephew	brother-in-law
mother	niece	sister-in-law
son	husband	stepfather
daughter	wife	stepmother
brother	father-in-law	stepbrother
sister	mother-in-law	stepsister
uncle	son-in-law	half-brother
aunt	daughter-in-law	half-sister
first cousin		

Please complete the appropriate portion below, sign and date this form, which will then become a part of your permanent personnel file. If this status changes, you must notify the Committee's Budget Office immediately of the change.

☒ I am not related to any current (95th Congress) Member of Congress.

☐ I am related to a current (95th Congress) Member of Congress. (Please specify.) ____________________

Gina O Bosnick
Signature of Employee

6/14/77
Date